

Brunswick School Department Response to Intervention Referral K-8

Student's Name: _____ DOB: _____ Age: _____ Grade _____ Date of referral _____

Teacher: x _____ Parents: _____ ☐ IEP for x

Address: _____ Phone: _____ ☐ ESL

This referral is to address: (please check **one**)

Reading ☐ Math ☒ Behavior ☐

Date Parents Notified of this Referral: _____ Method: Phone ☐ Mail ☐ In person ☐ Email: ☐

Person Making Contact: _____

Specific items Discussed: _____

1. What is your specific concern about the student's present level of performance as compared to other students in the same grade? (e.g. "compared to other students in the same grade, student is not able to...")

2. How does this student compare to others at this grade level in **all** of the following areas?

	- below grade level	on grade level	+ above grade level		- below grade level	On grade level	+ above grade level
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effort/ motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignment completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confidence in ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Tier 1 Interventions					
Specific Skill Addressed	Present Level of Performance	Specific Tier 1 Strategy attempted	Start Date	End Date	Post Intervention Evaluation results
1.					
2.					
3.					

4. What classroom observations, assessment results, and/or records were used as a basis for determining the present level of performance? *(Please attach information as requested on the pre-referral checklist.)*

NWEA <input type="checkbox"/> Reading <input type="checkbox"/> Math	Date	RIT Score	Grade level expectation x
NECAP <input type="checkbox"/> Reading <input type="checkbox"/> Math	Date	Scaled Score	Achievement level x
BAS <input type="checkbox"/> Reading <input type="checkbox"/> Math	Date	Score	Grade level expectation

5. Are there any other factors that you believe are impacting this student's learning?

☐ Observed Behaviors:

☐ Health issues:

☐ Attendance:

☐ Input from parents:

Teacher's signature

Date

Principal's signature

Date